

AUTHORIZATION TO RELEASE SCHOOL RECORDS

Student's Name: _____

School Term 2013-2014 _____

Grade _____

I request and authorize The _____ School District and all employees thereof
to release school records for the student named above to:

Name: The Kaibab Paiute Tribe's Education Director & Tutors _____

Address: HC 65 Box 2 _____

City: Fredonia _____ State: Arizona _____ Zip Code: 86022 _____

This request and authorization applies to: **(please check all that apply)**

☐ All school records

☐ Online Grade Information

☐ Other _____

Parent Signature: _____ Date Signed: _____

**Parents please fill out one form for each of your students.
Thank you!**